ZONING VERIFICATION LETTER REQUEST FORM

	Date:
Please Note:	
 Fee is \$20 per letter (one address) Letters should be picked up on Letters to be faxed/mailed shown Make checks/money orders page 	ne day after requested. uld be paid for prior to faxing/mailing.
Property Address(es) and/or Parcel No(s).:	
Current Use:	
Proposed Use:	
Addressee:	
Contact:	Ph
Email:	Fax:
classification and whether the curradditional information you need at Administrator prior to or at time of *Please return the completed form and • Mail – Land Development Divis • Fax – 601-960-2192 • Email – eainsworth@city.jackso	sion, PO Box 17, Jackson, MS 39205 on.ms.us
o be completed by Office) operty is zoned	Employee Initials:

Zoning Ordinance Section/Sections applicable for the requested use of property: